

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 17 1939
Registration District No. 24791

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: 1003 /
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution about 26 years
In this community about 26 years

2. USUAL RESIDENCE OF DECEASED: /
(a) State Missouri (b) County
(c) City or town St. Louis 14
(d) Street No. 5606 Arthur Ave.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Loretta Pezzani 250
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
year 1939 hour 3:25 minute A.M. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Feliz Pezzani
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 26 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 14, 1938, to Nov 16, 1939, that I last saw her alive on Nov 15, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 2 Days 20
If less than one day hr. min.

Immediate cause of death: Broncho Pneumonia
Duration: 7 days
Due to Chronic Myocarditis 7 years
Due to Diabetes ?

9. Birthplace Italy
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions: Obesity
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Abel Lonti
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Reponi
15. Birthplace Italy
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mary Pezzani
(b) Address 5606 Arthur Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof 11-18-39
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway
19. (a) NOV 17 1939 (Date received local registrar)
(b) J. F. Bullock (Registrar's signature)

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
e S. While at work? (Specify type of place) (b) Means of injury
23. Signature Alfred M. Langewach (M. D. or other)
Address 5427 South Pine Date signed Nov 16/39

Dr. Langenbach
6427 Southwest

ST: 1177

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.